## **Indianapolis Department of Code Enforcement**

1200 Madison Avenue, Suite 100

Indianapolis, IN 46225 Phone: (317) 327-4316 Fax: (317) 327-0817

New \_\_\_\_\_ Renewal \_\_\_\_\_

License: \$250.00



## APPLICATION FOR ALARM BUSINESS LICENSE

Name of Applicant:			Phone Number: _				
Address Applicant:			Zip Code: _				
Business Name:			Phone Number: _				
Address of Business:			Zip Code: _				
Email Address:			_ Age of Applicant: _				
Length of time this business	has been in Indianapol	lis:		-			
Legal Status of Business: In	dividual Proprietor	Partnership	Corporation	LLC			
If Corporation or LLC, list s	tate where incorporated	d or authorized:					
Registered Agent's name: _							
Registered Agent's Address:			Zip Code:				
If Corporation, Principal Of	fice of Corporation:						
If Corporation or Partnership	p, list the name and add	lress of each corpor	rate officer or partner:				
Name:	Address:						
Name:	Address:						
Name:	Address:						
Name:	Address:						
Has the applicant or any par had a license revoked or sus	-		ousiness ever been den	ied a license or			
Type of Alarm Services Pro	vided (Circle all that A	pply): Monitorin Other	g Installation Rep	air Maintenance			

	Are all City, County, State, a	nd Federal taxes paid?				
	List of Subcontractors:					
1.	Name:	Address:				
	Type of Alarm Services Prov	ided (Circle all that Apply):	Monitoring Maintenance	Installation	Repair Other	
2.	Name:	Address:				
	Type of Alarm Services Prov	ided (Circle all that Apply):	Monitoring Maintenance	Installation	Repair Other	
3.	Name:	Address:				
	Type of Alarm Services Prov	ided (Circle all that Apply):	Monitoring Maintenance	Installation	Repair Other	
4.	Name:	Address:				
	Type of Alarm Services Prov	ided (Circle all that Apply):	Monitoring Maintenance	Installation	Repair Other	
5.	Name:	Address:	Address:			
	Type of Alarm Services Prov	ided (Circle all that Apply):	Monitoring Maintenance	Installation	Repair Other	
6.	Name:	Address:				
	Type of Alarm Services Prov	ided (Circle all that Apply):	Monitoring Maintenance		Repair Other	
7.	Name:	Address:				
	Type of Alarm Services Prov		Monitoring Maintenance		Other	
		you agree or disagree by ma				
	<del>_</del>	anding and has not had any li : Yes No	icense or registra	ation to opera	ite a business	
	2. Licensee is current wi indebtedness: Yes	ith all City, County and State No	for any taxes, li	cense fees, or	r any other	
	3. The person signing th Yes No	is application has the authori	ty to sign for the	business bei	ng licensed:	

4.	Licensee will permit inspections of the business and premises by public authorities acting pursuant to law: Yes No
5.	Licensee will conduct the business and premises in such a manner as not to create a nuisance or any sort of hazard to the public: Yes No
6.	Licensee will keep the premises clean and free from any sort of rubbish or combustible or explosive material: Yes No
7.	Licensee agrees that the business and the premises on which the business is conducted will not be used for any unlawful purpose: Yes No
8.	Licensee agrees to comply with the Revised Code of Indianapolis and Marion County and all other applicable laws ordinances, regulations, orders and decisions of public officials:  Yes No
9.	Licensee understands that the license may be suspended or revoked, and the licensee will be subject to prosecution if any applicable law, ordinance, regulation, order or decision is violated:  Yes No
10.	Licensee agrees to apply in writing to the Department of Code Enforcement before changing the location of the business (if permitted by ordinance): Yes No
11.	Licensee agrees to give the Department of Code Enforcement written notice once the business ceases to exist:  Yes No
12.	Licensee agrees to give the Department of Code Enforcement written notice if there is any change in the licensed business during the term of the license such that the information provided in the application form is no longer complete or accurate within 30 days after such change occurs Yes No
	ndersigned affirms under penalty for perjury that the answers, representations and information provided application are true and correct.
Signat	ure
Name	Printed Date